

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000010512

Entity Name: SHREE SAI GROUP, LLC

FILED  
Jul 09, 2008  
Secretary of State

## Current Principal Place of Business:

2582 GLASBERN CIRCLE  
W. MELBOURNE, FL 32904

## New Principal Place of Business:

## Current Mailing Address:

2582 GLASBERN CIRCLE  
W. MELBOURNE, FL 32904

## New Mailing Address:

FEI Number: 20-8332819

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SOILEAU, JOHN L  
3490 N. U.S. HIGHWAY 1  
COCOA, FL 32926 US

## Name and Address of New Registered Agent:

KALPESH DAVDA  
2582 GLASBERN CIRCLE  
W MELBOURNE, FL 32904 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KALPESH DAVDA

07/09/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: DAVDA, NARESH M  
Address: 2582 GLASBERN CIRCLE  
City-St-Zip: W. MELBOURNE, FL 32904

Title: MGRM ( ) Delete  
Name: DAVDA, KALPESH M  
Address: 2582 GLASBERN CIRCLE  
City-St-Zip: W. MELBOURNE, FL 32904

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: DAVDA, KALPESH  
Address: 2582 GLASBERN CIRCLE  
City-St-Zip: W. MELBOURNE, FL 32904

Title: MGRM (X) Change ( ) Addition  
Name: DAVDA, KALPESH M  
Address: 3263 CHICA CIRCLE  
City-St-Zip: W. MELBOURNE, FL 32904

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KALPESH DAVDA

PRES

07/09/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date